State of Nevada

Department of Human Resources

Division of Mental Health and Developmental Services

Rural Clinics

4126 Technology Way, Suite 102

Carson City, NV 89706

Amendment 1 to Rural Clinics RFI 1-10:

Answers to Provider Questions

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Part 1

1. Can the services be limited to certain communities? **Yes**

2. What are the communities constitute priority focus for DMHDS-RMHS? **All rural communities are in need of additional mental health services.**

3. Will translation services need to be addressed by the contractor or does the state retain this function? **There are some areas where bilingual staff and private translation services are not available. The contractor should be prepared to address this issue.**

4. Will funding to support travel for clients be covered? **Generally client travel support is not available would be for emergencies only.**

5. Will funding to support travel expenses for contractual personnel be covered? **The only contractor reimbursement will be for actual mileage paid at state rates.**

6. Will the DMHDS-RMHS consider various methods to calculate proposed FTE? E.g. Case managers to population ratios given proposed travel and

placement of personnel; if there are set FTE ratios used by the Division currently, what are those? **Ratios have not been established for the purpose of this RFI. Rural Clinics is looking forward to ideas put forth in the responses to this RFI.**

7. Will equipment costs be covered? E.g. If the project proposes to provide coverage and services utilizing Telehealth and home-based camera/PCs-can these costs be included? **All rural clinics are equipped for telemedicine and no contract funding will be provided for additional equipment.**

8. What is the earliest date that the contract award will be announced? **The planning factor for the request-for-proposal, which is the next step after this RFI, is six months. The earliest possible award for a contract will be May 2010.**

9. If you are the successful bidder, would there be an opportunity to initiate the contract sooner than July 1, 2010 so that personnel may be recruited/hired/provided with orientation? **Yes.**

10. Will expenses be covered to build the technical capacity at some of the main service location sites? E.g. if some services are proposed for existing DMHDS-RMHS sites, will the contractor have access to the facilities and existing personnel? Will the contractor be able to upgrade or purchase new equipment (telecommunications) to advance the service capabilities of the sites? **Refer to answer 7.**

11. Does the DMHDS-RMHS division propose to continue their own billing and collections? **Yes.**

12. Can the contractor propose billing and collection services as part of this proposal? **This proposal would be considered for the demonstration project only. Please refer to section 2.1.2 of the RFI.**

13. Would the state DMHDS-RMHS division expect collections returned or would they be retained by the contractor and proposed for offsetting expansion of services or expansion of patients? Or, is this function negotiable upon contract award? Can administrative expenses associated with billing and collections be covered in the contract? **Please refer to answer 12 and this issue is negotiable for the demonstration project.**

14. We request the DMHDS-RMHS division provide site by site basic information that includes the physical structure of existing facilities (number of patient exam rooms, sq. footage, etc.), current service days/hours, description of

current staffing, payer mix and volume by site, description of patient complexity, severity and volume by site, and any other information relevant to the DMHDS-RMHS as it currently exists; **This information will be provided in the request-for-proposal (RFP).**

15. Would the state DMHDS-RMHS division anticipate any integration of existing state staffing into the proposed service contract? **Yes.**

16. Would the state DMHDS-RMHS division be receptive to a proposal that addresses integration of educational and training goals that address services delivery and long-term recruitment of behavioral health personnel? **Yes.**

17. Would educational expenses be covered that free up faculty time so that medical residents may be supervised in the delivery of care? **This supervision should be part of the contract. Some supervision can be provided remotely through the telemedicine infrastructure. Also, refer to answer 5.**

18. What is the liability and financial risk of the patient population to the proposed contractor? **The contractor must provide their own insurance.**

19. Are there hold harmless clauses in the state's contract? **A blank copy of the state contract format showing the standard terms and conditions will be included in the request-for-proposal (RFP).**

20. What are the state indirect costs that apply to the both the contract and the rural pilot? **Participation of state assets in the contract(s) will be funded by the state.**

21. Are indirect costs applied to the total inclusive bid price or in addition? **The contractor should include all of their costs in their response to the RFP.**

22. Please provide the current Medicaid reimbursement amount relevant to the 54 CPT codes attached on the Excel Spreadsheet. **Please refer to answers 11 and 12.**

23. Are there rules of the agency regarding licensure and certification for contract staffing? **All mandatory federal and state licensing requirements must be followed. Interns must be supervised by a licensed professional.**

24. Is there the ability to have a ceiling for the patient population or service hours provided, to meet the negotiated contract price? **Yes.**

25. Will the contract proposal need to include ongoing evaluation and patient outcomes tracking? **Yes.**

26. Will the DMHDS-RMHS be interested in the contractor addressing sustainability or having the proposal address future biennial funding? **Yes – especially for the demonstration project.**

27. Can ongoing evaluation and patient outcomes tracking be included in the contract pricing? **Yes.**

Part 2

1) How many community mental health sites will be included in the project? **One or two sites will be included in the demonstration project.**

2) What are the general locations of the 2400 people in these rural communities (for example, how many people per county, or area)? **This information will be provided in the request-for-proposal (RFP).**

3) Where are they receiving treatment now and are there any gaps in treatment? **This information will be provided in the request-for-proposal (RFP).**

4) Does the State of Nevada have any special regulations regarding telemedicine, aside from federal HIPAA regulations? **No.**

5) What percentage of this 2400 includes special groups and special populations? **The primary target population is the Seriously Mental Illness (SMI) and Serious Emotional Disturbed (SED) people.**

6) What are their diagnoses? Is there any other information available about this population, e.g., age, employment rates, etc? **All age groups are served. State mental health services are a safety net for the indigent. Some clients are employed. The will be additional information in the RFP.**

7) Does the Rural Clinic - Mental Health Division currently have the appropriate equipment (on-site personal computer hardware, web cameras, audio equipment, or other teleconferencing/video conferencing technologies etc.), software, and infrastructure to support telemedicine? If full support is not available, to what capacity can the Rural Clinic, or State of Nevada assist in this? **All rural clinics are equipped for telemedicine. All visual communication is done via computer; video conferencing is not available.**

8) Will we have access to medical, pharmaceutical and/or behavioral health claims data? **Client information will be shared.**

Part 3

1. Can we have access to the per-clinic data on individual cases served per month, closed in past year, screened per month, financial revenue from Medicaid and other payers, your estimated cost per client month? We would like a breakout of the services being provided – case management, PSR, therapy, psychiatry. **This information will be provided in the request-for-proposal (RFP).**

2. Would you be interested in a program that would focus on your uninsured or just the insured clients only? If so, would you be willing to pay for those services? **A program focusing on either uninsured or just insured clients would be considered. The state would pay according to the cost negotiated with the contractor.**

3. Would you be willing to contract with a Medicaid Provider 14 Type provider? Would you be willing to limit your oversight of the services such a program would provide? Heavy oversight and substantiating paperwork. **Rural Clinics will provide QMHP oversight.**

4. Where telemedicine is available, would you be willing to share the technology for psychiatry? **Yes.**

5. Would it be acceptable for a provider to use supervised interns for Masters level services? **Yes.**

6. For clients with co-existing diagnoses would it be acceptable to use interns working toward their certification, for the substance-abuse work? **Yes with appropriate supervision.**

7. Would we be required to use the cumbersome Avatar System? **Yes.** If so, would this be sufficient for any oversight your agency might require? **Rural Clinics quality management includes components not in Avatar.**

8. Would you be interested in a fee-for-service, or capitation-rate method of reimbursement system? **Rural Clinics uses a fee-for-service system.**

9. How would you propose we be assigned clients? We believe Rural Clinics has underserved its population in many localities. How would the clients be

identified, referred, screened for services by a collaborating provider? **Rural Clinics is looking forward to ideas on how to serve the populations Pioneer Health Resources is referring to as underserved as well as ideas regarding identifying clients for services by the contractor.**

Part 4

How do the people pay for the services? **People pay according to their means through a sliding fee scale, private insurance, Medicare or Medicaid.**